

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91179 019 \*\*\*150.00

**DOCUMENT # F99000004211**

1. Entity Name

**DALEEN TECHNOLOGIES, INC.**

Principal Place of Business

**1750 CLINT MOORE RD  
 BOCA RATON FL 33487**

Mailing Address

**1750 CLINT MOORE RD  
 BOCA RATON FL 33487**

2. Principal Place of Business

**902 Clint Moore Rd**

Suite, Apt. #, etc.

**Suite 230**

City & State

**Boca Raton, FL**

Zip

**33487**

Country

**USA**

3. Mailing Address

**902 Clint Moore Rd**

Suite, Apt. #, etc.

**Suite 230**

City & State

**Boca Raton, FL**

Zip

**33487**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0944514**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO DALEEN, JAMES 1750 CLINTMOORE RD. BOCA RATON FL 33487</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COREY, DAVID P 1750 CLINTMOORE RD. BOCA RATON FL 33487</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GETSY, STEPHEN 7480 FOUNDERS WAY PONTE VEDRA BEACH FL 32082</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO WAGMAN, STEPHEN M 1750 CLINTMOORE RD. BOCA RATON FL 33487</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CATAFORD, PAUL G 200 BAY STREET, SOUTH TOWER, SUITE 3120 TORONTO, ONT., CANADA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOREMAN, DANIEL 208 SOUTH LASALLE STREET, 10TH FLOOR CHICAGO IL 60604</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CEO Daleen, James 902 Clint Moore Rd, #230 Boca Raton, FL 33487</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Nemirovsky, Ofer One Financial Center 44th Floor Boston, MA 02111</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Getsy, Stephen 151 Sawgrass Village Circle, #206 Ponte Vedra, FL 32082</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO Prayther, Jeanne 902 Clint Moore Rd, #230 Boca Raton, FL 33487</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Cataford, Paul G. 1 First Canadian Place, 6th Floor P.O. Box 150 Toronto, ON M5X 1H3 Canada</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/02**

**561 981 2004**

Date

Daytime Phone #

CR2E034 (9/01)